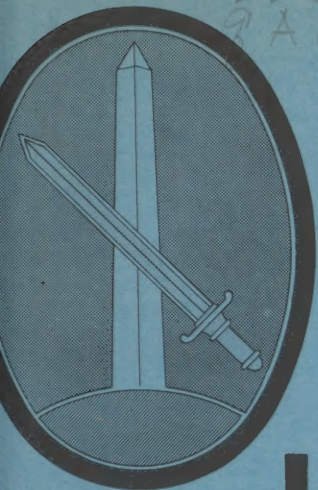


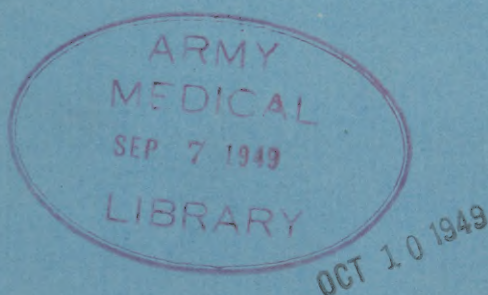
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# MONTHLY HEALTH REPORT



**AUGUST 1949**

**VOL <sup>2</sup>/<sub>3</sub> NO 8**

**MILITARY DISTRICT OF WASHINGTON**

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# MONTHLY HEALTH REPORT

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HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON  
The Pentagon, Washington 25, D. C.



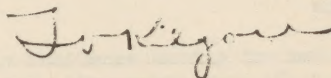


## INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as the basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.



FLOYD V. KILGORE  
Colonel, MC  
Surgeon



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## CONTENTS

|                                                                 | PAGE |
|-----------------------------------------------------------------|------|
| PREVENTIVE MEDICINE                                             |      |
| General Comment                                                 | 1    |
| Communicable Diseases                                           | 1    |
| Table - General Data                                            | 2    |
| Table - Specified Disease Rates                                 | 2    |
| Venereal Disease                                                | 3    |
| Table - Venereal Disease Rates                                  | 3    |
| Chart - Admission Rates - Common Respiratory Disease - Injuries | 4    |
| Chart - Venereal Disease Admission Rates by Month               | 4    |
| Table - Consolidated Venereal Disease Statistical Report        | 5    |
| Table - Venereal Disease Rates, U.S.                            | 6    |
| Chart - Venereal Disease Total Rates                            | 6    |
| Chart - Venereal Disease White Rates                            | 7    |
| Chart - Venereal Disease Negro Rates                            | 7    |
| Food Poisoning                                                  | 8    |
| PROFESSIONAL SERVICES                                           |      |
| Streptomycin Therapy In Pulmonary Tuberculosis                  | 12   |
| BIOLOGICAL WARFARE POTENTIALITIES                               | 13   |
| VETERINARY SERVICE                                              |      |
| Swine Erysipelas                                                | 15   |
| Table - Veterinary Service                                      | 15   |
| DENTAL SERVICE                                                  |      |
| Table - Dental Service                                          | 16   |
| OUTPATIENT SERVICE - Table                                      | 16   |
| HOSPITAL MESS OPERATION - Table                                 | 16   |
| ADMINISTRATIVE DIVISION                                         |      |
| Mess Inspection Check List                                      | 17   |
| List of Publications                                            | 18   |

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## PREVENTIVE MEDICINE

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### GENERAL COMMENT

The non-effective rate increased slightly over the June rate of 6.49 to 6.94 for the month of July. The total admissions for disease and injury in July were 507; of this number 457 admissions were for disease and 50 admissions for injuries.

Unless otherwise indicated, references to diseases and injuries in this publication apply to all Class I and II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army Medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit, since reciprocal use of either services medical installations is made. Air Force statistics are tabulated separately.

The 507 admissions for all causes during the report period ending 29 July 1949 was a slight increase from the 462 cases of the previous month. The rate for July was 281.9 compared to 263.3 for June. The General Dispensary, USA continued to report the lowest rate for all causes with 153.2 and Fort Myer (North Post) continued to report the highest with 761.8 for July.

The incidence of injuries decreased from 61 cases and a rate of 34.8 in June to 50 cases during July for a rate of 27.8. This is the lowest injury rate since April 1949, when 44 cases were reported for a rate of 19.6. All units, except those listed as "All Others", reflected a decrease in the number of injury cases. The General Dispensary, USA reported the lowest rate of 8.1 for 3 cases during this current month. The greatest percentage decrease was accomplished at Fort Myer (South Post) with June rate of 56.3 reduced to 22.6 in July.

Days lost as a result of disease and injury totaled 4547 for the month of July 1949. A total of 4144 was reported for the four week period ending 24 June 1949.

The number of CDD's issued this month totaled 7; a sharp decrease over the 15 issued during the month of June.

The psychiatric disease rate reached 5.6; this rate can be compared to the June rate of 6.3.

There were no deaths at the reporting installations during the five week period ending 29 July 1949.

### COMMUNICABLE DISEASE

Common respiratory diseases decreased in incidence during the month of July, with 52 cases reported as compared with 83 for the previous period. The rates were 28.9 and 47.3 respectively.

Admission rates for pneumonia all types, decreased during the month of July to 3.9 as compared with the rate of 10.3 in June.

The rate of .6 for admission of measles cases was a reduction from the 1.1 rate reported in June. Fort Belvoir reported one case during July.

Fort Myer (North Post) reported two cases of influenza during July; this resulted in a 1.1 rate for MDW this present month.

No cases of scarlet fever, rheumatic fever and malaria were reported from any of the installations during the month of July.

Other communicable diseases increased slightly during the five week report period ending 29 July 1949.

Pertinent Statistical tables may be found on pages 2 and 4.

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# PREVENTIVE MEDICINE

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GENERAL DATA  
5 Week Period Ending 29 July 1949  
(Data from WD AGO Form 8-122)

| STATION                     | MEAN STRENGTH |        |       | ADMISSIONS |        |         |        |          |       | Non-Effective Rate | Number of CDD's | Number of Deaths |
|-----------------------------|---------------|--------|-------|------------|--------|---------|--------|----------|-------|--------------------|-----------------|------------------|
|                             | Total         | White  | Negro | All Causes |        | Disease |        | Injuries |       |                    |                 |                  |
|                             |               |        |       | Cases      | Rates  | Cases   | Rates  | Cases    | Rates |                    |                 |                  |
| Fort Belvoir (A)            | 9,150         | 7,414  | 1,736 | 188        | 213.7  | 174     | 197.8  | 14       | 15.9  | 11.26              | 7               | 0                |
| (AF) **                     | 0             | 0      | 0     | 3          | -      | 3       | -      | 0        | -     | -                  | 0               | 0                |
| Fort McNair (A)             | 859           | 789    | 70    | 24         | 290.3  | 22      | 266.1  | 2        | 24.2  | 2.63               | 0               | 0                |
| (AF)                        | 32            | 32     | 0     | 0          | -      | 0       | -      | 0        | -     | -                  | 0               | 0                |
| Fort Myer (North Post) (A)  | 1,501         | 1,291  | 210   | 110        | 761.8  | 99      | 685.6  | 11       | 76.2  | 7.80               | 0               | 0                |
| (AF)**                      | 0             | 0      | 0     | 5          | -      | 4       | -      | 1        | -     | -                  | 0               | 0                |
| Fort Myer (South Post) (A)  | 1,841         | 1,841  | 0     | 80         | 451.8  | 76      | 429.2  | 4        | 22.6  | 2.68               | 0               | 0                |
| (AF)                        | 0             | 0      | 0     | 0          | -      | 0       | -      | 0        | -     | -                  | 0               | 0                |
| General Dispensary, USA(A)  | 3,870         | 3,841  | 29    | 57         | 153.2  | 54      | 145.1  | 3        | 8.1   | 1.51               | 0               | 0                |
| (AF)                        | 2,989         | 2,988  | 1     | 68         | 236.6  | 63      | 219.2  | 5        | 17.4  | 1.60               | 0               | 0                |
| All Others (A)              | 1,486         | 1,486  | 0     | 48         | 335.9  | 32      | 224.0  | 16       | 111.9 | 1.50               | 0               | 0                |
| (AF)                        | 22            | 22     | 0     | 0          | -      | 0       | -      | 0        | -     | -                  | 0               | 0                |
| Total Mil Dist of Wash (A)  | 18,707        | 16,662 | 2,045 | 507        | 281.9  | 457     | 254.1  | 50       | 27.8  | 6.94               | 7               | 0                |
| (AF)                        | 3,043         | 3,042  | 1     | 76         | 259.7  | 70      | 239.2  | 6        | 20.5  | 2.37               | 0               | 0                |
| AMC - Med. Det. (Duty Pers) | 1,571         | 1,400  | 171   | 73         | 483.0  | 66      | 436.7  | 7        | 46.3  | 27.32              | 1               | 0                |
| AMC - Det. of Patients      | 711           | 637    | 74    | 112        | 1639.6 | 102     | 1493.2 | 10       | 146.4 | 1047.58            | 89              | 4                |
| AMC - ROTC, Camp 1 *        | 109           | 109    | 0     | 3          | 286.2  | 3       | 286.2  | 0        | -     | 13.11              | 0               | 0                |
| AMC - Total                 | 2,282         | 2,037  | 245   | 185        | 843.0  | 168     | 765.6  | 17       | 77.4  | 345.20             | 90              | 4                |
| AMC - Total (Air Force)     | 293           | 281    | 12    | 32         | 1135.1 | 29      | 1028.6 | 3        | 106.5 | 733.69             | 25              | 2                |
| Total Dept/Army Units       | 20,989        | 18,699 | 2290  | 692        | 342.9  | 625     | 309.7  | 67       | 33.2  | 43.72              | 97              | 4                |
| Total Dept/Air Force Units  | 3,336         | 3,323  | 13    | 108        | 336.7  | 99      | 308.6  | 9        | 28.1  | 79.56              | 25              | 2                |

\* ROTC figures not included in Total Dept/Army Units.

\*\* Air Force Assigned to Army Medical Installations for Medical Treatment.

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR  
5 Week Period Ending 29 July 1949  
(Data From WD AGO Form 8-122)

| STATION                     | Common Respiratory Diseases | Pneumonia All Types | Pneumonia Atypical | Influenza | Measles | Mumps | Scarlet Fever | Tuberculosis | Rheumatic Fever | Diar-rheal Disease | Hepatitis | Malaria | Psychiatric Disease |
|-----------------------------|-----------------------------|---------------------|--------------------|-----------|---------|-------|---------------|--------------|-----------------|--------------------|-----------|---------|---------------------|
| Fort Belvoir (A)            | 9.1                         | 6.8                 | 3.4                | -         | 1.1     | 4.5   | -             | 2.3          | -               | 2.3                | 10.2      | -       | 10.2                |
| (AF)                        | -                           | -                   | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| Fort McNair (A)             | 12.1                        | -                   | -                  | -         | -       | -     | -             | -            | -               | 12.1               | -         | -       | -                   |
| (AF)                        | -                           | -                   | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| Fort Myer (North Post) (A)  | 62.4                        | -                   | -                  | 13.9      | -       | 13.9  | -             | -            | -               | 13.9               | -         | -       | -                   |
| (AF)                        | -                           | -                   | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| Fort Myer (South Post) (A)  | 16.9                        | -                   | -                  | -         | -       | -     | -             | 5.6          | -               | -                  | -         | -       | -                   |
| (AF)                        | -                           | -                   | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| General Dispensary, USA(A)  | 51.1                        | 2.7                 | 2.7                | -         | -       | -     | -             | -            | -               | -                  | -         | -       | 2.7                 |
| (AF)                        | 68.3                        | 3.6                 | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| All Others (A)              | 84.0                        | -                   | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| (AF)                        | -                           | -                   | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| Total Mil Dist of Wash (A)  | 28.9                        | 3.9                 | 2.2                | 1.1       | 0.6     | 3.3   | -             | 1.7          | -               | 2.8                | 5.0       | -       | 5.6                 |
| (AF)                        | 75.2                        | 3.4                 | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| AMC - Med. Det. (Duty Pers) | -                           | -                   | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | 26.5                |
| AMC - Det. of Patients      | -                           | -                   | -                  | -         | -       | 14.6  | -             | -            | -               | -                  | -         | -       | 131.6               |
| AMC - ROTC, Camp 1          | -                           | -                   | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| AMC - Total                 | -                           | -                   | -                  | -         | -       | 4.6   | -             | -            | -               | -                  | -         | -       | 59.2                |
| AMC - Total (Air Force)     | -                           | -                   | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |
| Total Dept/Army Units       | 25.8                        | 3.5                 | 2.0                | 1.0       | 0.5     | 3.5   | -             | 1.5          | -               | 2.5                | 4.5       | -       | 11.4                |
| Total Dept/Air Force Units  | 68.6                        | 3.1                 | -                  | -         | -       | -     | -             | -            | -               | -                  | -         | -       | -                   |

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## VENEREAL DISEASE

Venereal disease rate among units within the Military District of Washington increased over the June rate. All units reported an increase except Fort Myer (North Post) and General Dispensary, USA. The rate for July was 17.23 as compared to 13.68 during June.

A total of 31 cases were reported for the five week period ending 29 July 1949. Of this total 25 were reported at Fort Belvoir, 1 at Fort McNair, 2 at Fort Myer (North Post), 2 at Fort Myer (South Post), and 1 at units classified as All Others. Of the total number of cases reported 19 were incurred by white personnel with a rate of 11.86, and 12 were incurred by Negro personnel with a rate of 61.03 per 1000 troops per annum.

The consolidated rate for Army Medical Center was reduced from 15.05 for June to 13.67 for this present report period. No cases were reported among the Detachment of Patients, however the personnel from the Medical Detachment reported a rate of 19.86 as compared to 16.53 reported during June.

The rate for all Department of Army units increased during the month of July. A rate of 16.85 for July may be compared with 13.82 for June.

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Pertinent statistical tables and charts may be found on pages 4, 5, 6 and 7.  
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## NEW VENEREAL DISEASE CASES - EXCL EPTS - MAY JUNE AND JULY

| STATION                                          | Rate per 1000 per year |         |         |
|--------------------------------------------------|------------------------|---------|---------|
|                                                  | MAY 49                 | JUNE 49 | JULY 49 |
| Fort Belvoir                                     | 29.22                  | 25.08   | 28.42   |
| Fort McNair                                      | -                      | -       | 12.11   |
| Fort Myer (North Post)                           | -                      | 16.02   | 13.86   |
| Fort Myer (South Post)                           | 7.19                   | -       | 11.30   |
| General Dispensary, USA                          | 1.89                   | 1.87    | -       |
| All Others                                       | -                      | 16.76   | 7.00    |
| Total Mil Dist Wash Units                        | 14.10                  | 13.68   | 17.23   |
| AMC Med. Det. (Duty Pers.)                       | 32.60                  | 16.53   | 19.86   |
| AMC Detachment of Patients                       | 12.23                  | 12.76   | -       |
| Army Medical Center - Total                      | 24.45                  | 15.05   | 13.67   |
| Total Dept/Army Units,<br>Mil Dist of Washington | 15.18                  | 13.82   | 16.85   |

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CHART 1

## ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY MDW RATE PER 1000 TROOPS PER YEAR

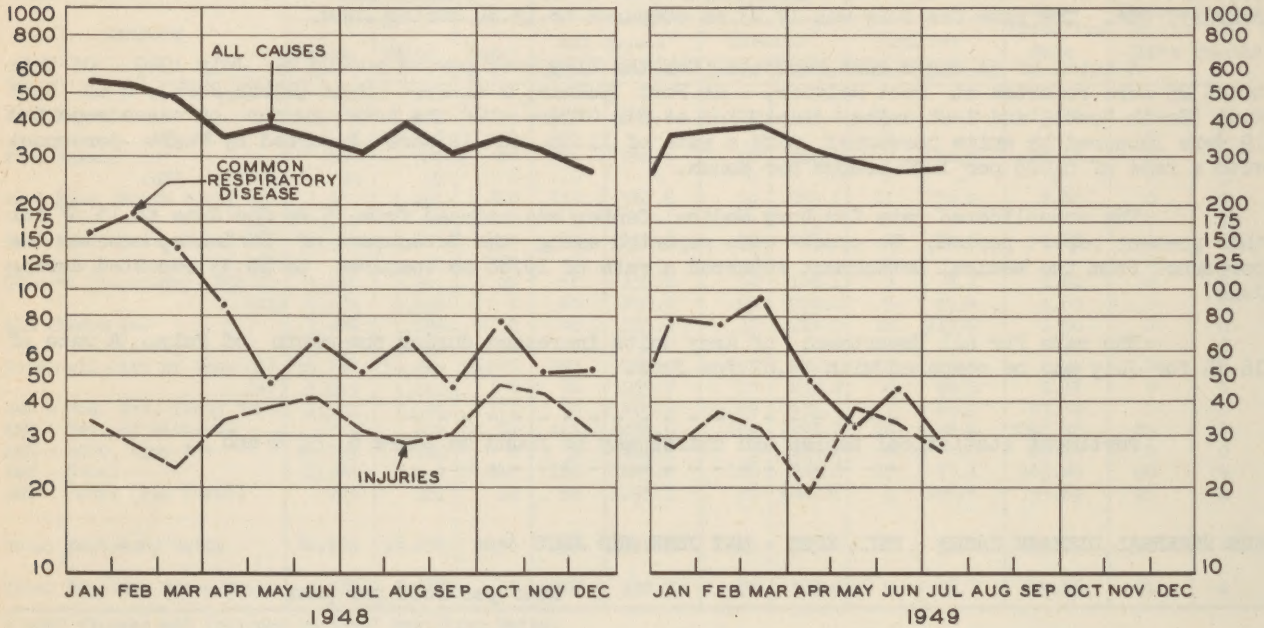
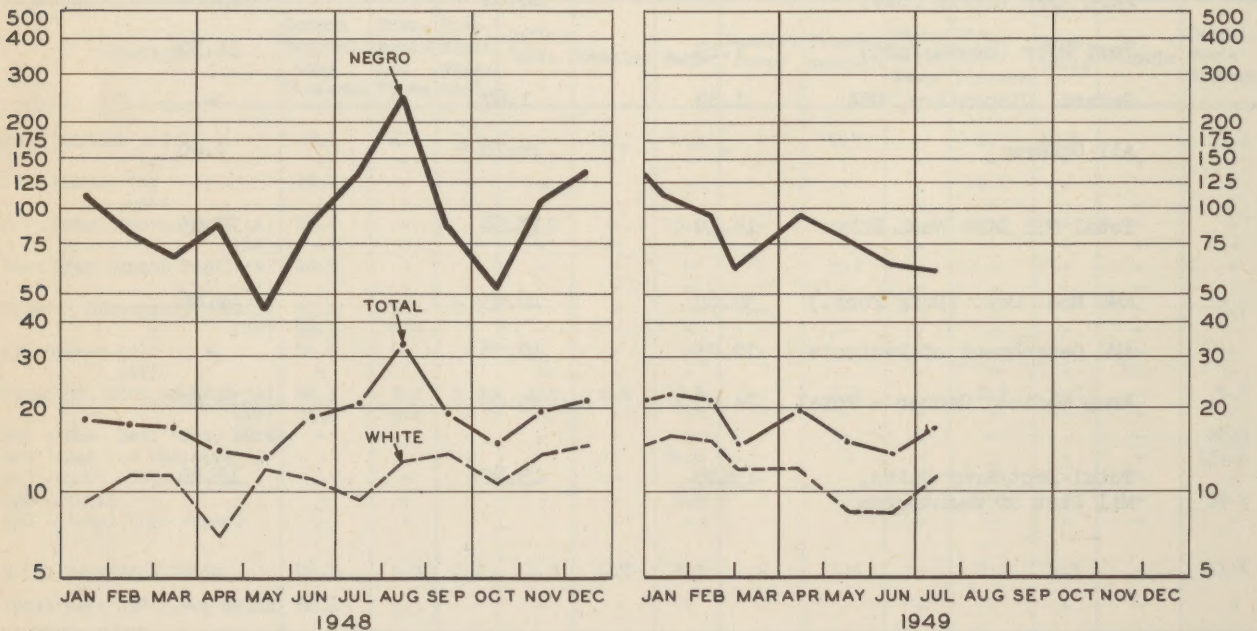


CHART 2

## ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER RATES PER 1000 TROOPS PER YEAR INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT  
For the Five Week Period Ending 29 July 1949  
(Data from WD AGO 8-122) (Chargeable Cases)

| STATION                                         | R<br>A<br>C<br>E | Mean<br>Strength | Number of Cases-EPTS Not Included |           |       |       | Rate per<br>1000 Troops<br>per Annum | Total Days<br>Lost From<br>Duty (Old &<br>New Cases) |
|-------------------------------------------------|------------------|------------------|-----------------------------------|-----------|-------|-------|--------------------------------------|------------------------------------------------------|
|                                                 |                  |                  | Syphilis                          | Gonorrhea | Other | Total |                                      |                                                      |
| Fort Belvoir                                    | W                | 7414             | 3                                 | 10        | 0     | 13    | 18.24                                | 20                                                   |
|                                                 | N                | 1736             | 0                                 | 12        | 0     | 12    | 71.89                                | 0                                                    |
|                                                 | T                | 9150             | 3                                 | 22        | 0     | 25    | 28.42                                | 20                                                   |
| Fort McNair                                     | W                | 789              | 0                                 | 1         | 0     | 1     | 13.18                                | 0                                                    |
|                                                 | N                | 70               | 0                                 | 0         | 0     | 0     | -                                    | 0                                                    |
|                                                 | T                | 859              | 0                                 | 1         | 0     | 1     | 12.11                                | 0                                                    |
| Fort Myer (North Post)                          | W                | 1291             | 0                                 | 1         | 1     | 2     | 16.11                                | 0                                                    |
|                                                 | N                | 210              | 0                                 | 0         | 0     | 0     | -                                    | 0                                                    |
|                                                 | T                | 1501             | 0                                 | 1         | 1     | 2     | 13.86                                | 0                                                    |
| Fort Myer (South Post)                          | W                | 1841             | 1                                 | 1         | 0     | 2     | 11.30                                | 0                                                    |
|                                                 | N                | 0                | 0                                 | 0         | 0     | 0     | -                                    | 0                                                    |
|                                                 | T                | 1841             | 1                                 | 1         | 0     | 2     | 11.30                                | 0                                                    |
| General Dispensary, USA                         | W                | 3841             | 0                                 | 0         | 0     | 0     | -                                    | 0                                                    |
|                                                 | N                | 29               | 0                                 | 0         | 0     | 0     | -                                    | 0                                                    |
|                                                 | T                | 3870             | 0                                 | 0         | 0     | 0     | -                                    | 0                                                    |
| All Others                                      | W                | 1486             | 0                                 | 1         | 0     | 1     | 7.00                                 | 0                                                    |
|                                                 | N                | 0                | 0                                 | 0         | 0     | 0     | -                                    | 0                                                    |
|                                                 | T                | 1486             | 0                                 | 1         | 0     | 1     | 7.00                                 | 0                                                    |
| Total Mil Dist of Wash                          | W                | 16662            | 4                                 | 14        | 1     | 19    | 11.86                                | 20                                                   |
|                                                 | N                | 2045             | 0                                 | 12        | 0     | 12    | 61.03                                | 0                                                    |
|                                                 | T                | 18707            | 4                                 | 26        | 1     | 31    | 17.23                                | 20                                                   |
| Army Medical Center<br>Medical Det. (Duty Pers) | W                | 1400             | 0                                 | 1         | 0     | 1     | 7.43                                 | 1                                                    |
|                                                 | N                | 171              | 0                                 | 1         | 1     | 2     | 121.64                               | 14                                                   |
|                                                 | T                | 1571             | 0                                 | 2         | 1     | 3     | 19.86                                | 15                                                   |
| Army Medical Center<br>Detachment of Patients   | W                | 637              | 0                                 | 0         | 0     | 0     | -                                    | 199                                                  |
|                                                 | N                | 74               | 0                                 | 0         | 0     | 0     | -                                    | 227                                                  |
|                                                 | T                | 711              | 0                                 | 0         | 0     | 0     | -                                    | 426                                                  |
| Army Medical Center - Total                     | W                | 2037             | 0                                 | 1         | 0     | 1     | 5.11                                 | 200                                                  |
|                                                 | N                | 245              | 0                                 | 1         | 1     | 2     | 84.89                                | 241                                                  |
|                                                 | T                | 2282             | 0                                 | 2         | 1     | 3     | 13.67                                | 441                                                  |
| Total Dept/Army Units                           | W                | 18699            | 4                                 | 17        | 1     | 20    | 11.12                                | 220                                                  |
|                                                 | N                | 2290             | 0                                 | 11        | 1     | 14    | 63.58                                | 241                                                  |
|                                                 | T                | 20989            | 4                                 | 28        | 2     | 34    | 16.85                                | 261                                                  |

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## PREVENTIVE MEDICINE

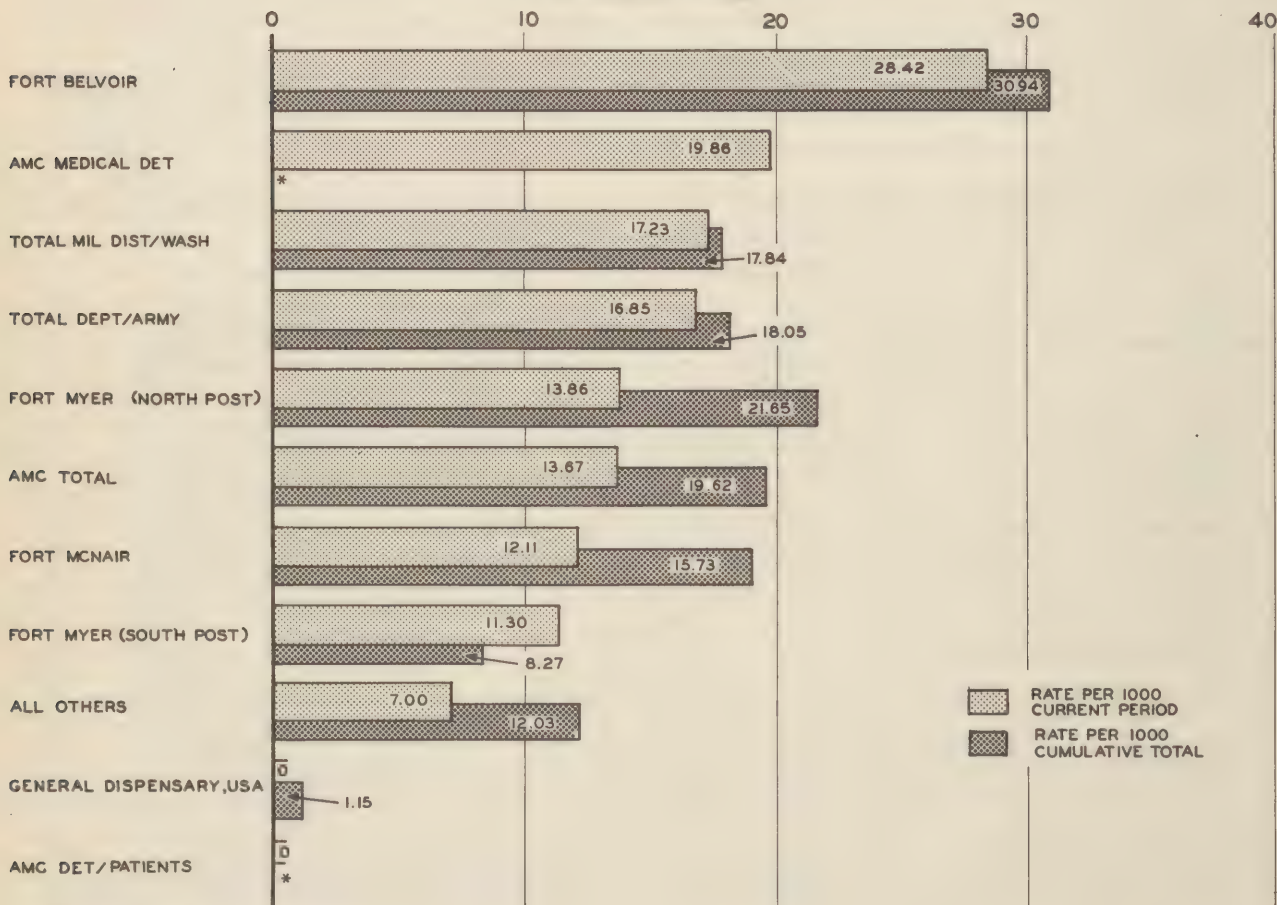
### VENEREAL DISEASE RATES FOR THE US \*

(All Army Troops)

|                            | JUNE 1949 | JULY 1949 |
|----------------------------|-----------|-----------|
| First Army Area            | 19        | 20        |
| Second Army Area           | 24        | 26        |
| Mil District of Washington | 14        | 18        |
| Third Army Area            | 24        | 25        |
| Fourth Army Area           | 22        | 26        |
| Fifth Army Area            | 16        | 16        |
| Sixth Army Area            | 18        | 21        |
| Total United States        | 20        | 23        |

\* Compiled in the Office of the Surgeon General and include General Hospitals.

### VENEREAL DISEASE RATES PER 1000 PER YEAR FIVE WEEK & CUMULATIVE TOTALS ENDING 29 JULY 1949 TOTAL WHITE & NEGRO PERSONNEL (CHARGEABLE CASES)



\* Cumulative rates not available.

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## VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

5 WEEK PERIOD ENDING 29 JULY 1949

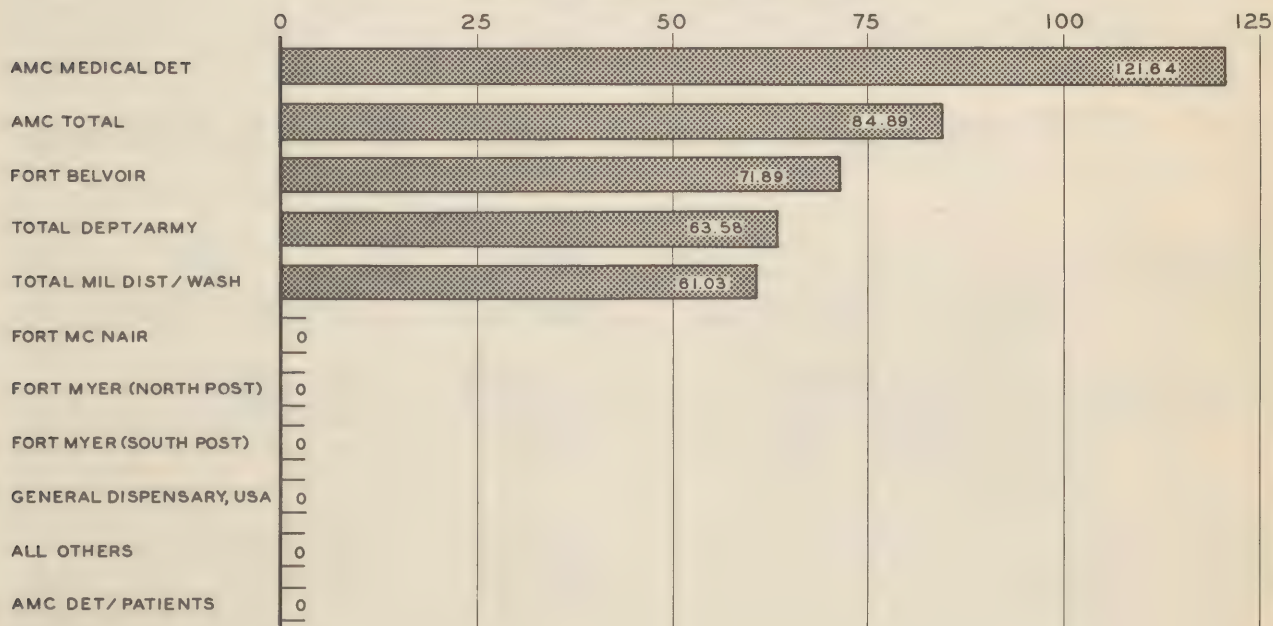
WHITE PERSONNEL (CHARGEABLE CASES)



## VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

5 WEEK PERIOD ENDING 29 JULY 1949

NEGRO PERSONNEL (CHARGEABLE CASES)



## FOOD POISONING

Food poisoning is suspected when several people become acutely ill with vomiting, abdominal pain and diarrhea or sometimes with symptoms referable to the central nervous system (as in botulism) within a few hours or within a day or two after having had a meal together.

Investigating an outbreak, getting on the job early is of utmost importance in order to:

1. Get a true story of the event before it becomes embellished or partially forgotten.
2. Secure specimens of the food in question, of vomitus, stools, and blood during the acute state.

If the onset in different individuals takes place over a period of hours, one should obtain a history of items of food consumed for several meals past, rather than just the last one or two. A list must be prepared of all the items of food served, regardless of the suspicions of the patient or of the investigator about certain foods. These items must be checked against each person at the meals, those who have remained in good health as well as those who have become ill. Only in this way can the problem be reduced to a single common denominator. The investigator must bear in mind that many will partake of the contaminated food and yet will not become ill because of the variability of two factors:

1. The dosage of the toxin or of the infecting organisms.
2. The resistance of the individual.

Formerly the expression "Ptomaine poisoning" was in common use, from Ptoma, meaning corpse. It was thought in 1870 that there was some sort of toxin produced during decomposition of food itself, especially animal food. Since the causes of food poisoning now are better understood, the term is unscientific.

Despite the popular belief, the process of putrefaction in itself does not necessarily or even ordinarily give rise to toxins causing food poisoning. For example, limburger cheese is composed of protein in advanced stages of putrefaction which produces no gastro-intestinal disturbance regardless of its insult to the more delicate olfactory organ. An explorer has written of how a great many natives of northern Australia ate without apparent ill effect enormous portions of the decayed meat of a dead whale cast up on shore, attracted for many miles by the fragrance of its decomposition.

Since the literature on chemical poisoning in food is extensive, only the more common poisons accidentally finding their way into food are listed in Table I.

Table I - Chemical Poisons in Food.

| <u>Chemical</u> | <u>Foods</u>                                                                             | <u>Symptoms</u>                      | <u>Onset</u>             |
|-----------------|------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| Antimony        | Foods cooked in gray-enameled utensils.                                                  | Vomiting                             | Few minutes to one hour. |
| Cadmium         | Acid liquids prepared in cadmium plated refrigerator trays, pitchers and other utensils. | Abdominal cramps, diarrhea.          | 15-30 minutes.           |
| Sodium cyanide  | Used in cleaning silver.                                                                 | Weakness, coma, respiratory failure. | Few minutes.             |



## PREVENTIVE MEDICINE

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Table I - Chemical Poisons in Food.

| <u>Chemical</u> | <u>Foods</u>                                                                          | <u>Symptoms</u>                                          | <u>Onset</u>            |
|-----------------|---------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------|
| Sodium fluoride | Cockroach powder mistaken for baking powder or soda. (In most states must be colored) | Vomiting, abdominal pain, diarrhea, convulsions, paresis | Few minutes to 2 hours. |
| Zinc            | Acid foods cooked or stored in galvanized iron utensils. (apples, lemonade)           | Pain in mouth, throat and abdomen followed by diarrhea.  | Few minutes             |

Although no human cases of poisoning from ingesting DDT have been reported, animals ingesting the powder have developed evidence of nervous system damage. Therefore, DDT should not be stored in a mess.

### Poisonous Animals and Plants

Certain fish and shellfish (mussels and clams) cause poisoning at certain seasons of the year. The symptoms appear within a few minutes to a half hour and may be very serious. Other poisonings are occasionally due to the fava bean, milk from cows which have eaten snakeroot, mushrooms, ergot, raw sprouted potatoes and rhubarb leaves.

### Botulism

In southern Germany soon after 1817 a group of physicians called a disease producing neuromuscular disturbances from the Latin name of the food commonly associated with it, botulus, a sausage. Others still call the disease Wurstvergiftung, sausage poisoning. Occuring all over the world wherever food is preserved the most commonly incriminated foods are home canned vegetables, preserved meats and fish.

The toxin in from 12 to 36 hours produces headache, dizziness, double vision, constipation, vomiting, diarrhea or abdominal pain, drooping lids, and difficulty in swallowing. In the U.S. about two-thirds die.

Prevention rests upon avoidance of home-canned foods unless properly canned in a pressure cooker. Boiling food for 15 minutes before ingestion will destroy the toxin.

### Staphylococcus Food Poisoning

The heat-stable enterotoxin produced by many varieties of staphylococci produces nausea, vomiting, abdominal cramps, diarrhea and acute prostration generally within two or three hours after ingestion; extreme limits of the incubation period being 1 to 6 hours. Recovery usually occurs within 1 to 3 days, although in some cases the patient is weak and prostrated for a week.

In making the laboratory diagnosis when the incriminated food is available, dilutions are prepared from weighed samples and plated in veal infusion agar. The staphylococcus enterotoxin is tested by its immediate emetic effect upon six to eight weeks old kittens after intravenous or intraperitoneal administration, or upon monkeys after administration through a stomach tube.

The toxin is not destroyed by boiling for 30 minutes nor by refrigeration for as long a period as 67 days. It produces no odor of spoilage nor abnormal taste.

The organisms may be derived by air-borne droplets from the nose and throat of healthy food handlers as well as those suffering from chronic sinus and other upper respiratory tract infections. In many outbreaks the staphylococci have come from infected skin lesions, boils and impetigo.

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Incriminated foods in recent years have been milk, mayonnaise, sandwiches, cream salads, custard and cream-filled pastries, mince-meat, salted meat and chicken, cured and tenderized hams.

#### Prevention

Food handlers suffering from any type of skin infection or respiratory disease should be promptly removed from the mess. Food should be protected from unnecessary exposure to air. Timely preparation and serving of foods apt to provide good culture media is essential. These should be prepared no longer than 4 hours prior to serving and should be thoroughly refrigerated during that time. Salads should be refrigerated in shallow containers in small quantities to permit complete chilling.

#### Salmonella Food Poisoning

Studies of outbreaks indicate that all individuals do not react similarly; that there is a septicemic as well as intestinal type of infection; that the onset is sudden after an incubation period of 12 to 24 hours or more, with a minimum incubation period of 6 to 8 hours. The symptoms are produced by invasion and multiplication of the organisms within the body. In a series of 451 cases in different outbreaks, there were 4 deaths.

Laboratory examination of stool, blood, and vomitus using a suitable differential medium is necessary to discover the organism.

Many varieties of Salmonella have been found as causative agents, especially

Salmonella aertrycke (typhimurium)  
Salmonella enteritidis (Gartner's bacillus)  
Salmonella Suipestifer (S. cholera-suis)

Sources of the Salmonella organisms are:

1. Rats and mice which are naturally subject to Salmonella outbreaks and infect kitchens and pantries with feces and urine.
2. Meat from animals sick with Salmonella infection - one of the reasons for antemortem meat inspection.
3. Duck eggs.
4. Milk and cheese (pasteurization kills Salmonella).
5. Housefly.
6. Human carriers.

#### Prevention.

The inspection of animals to be slaughtered for food is necessary to eliminate those suffering from Salmonella infection. Thorough cooking will destroy the organisms; hence this precaution should always be observed. Those foods which could serve as good culture media should be adequately refrigerated during storage. Timely preparation and serving are essential. Control and inspection of food handlers, rodent control and fly control should be checked constantly.

#### Streptococcus Food Poisoning

In recent years there have been outbreaks of food poisoning caused apparently by an infection with Alpha and Beta type streptococci. After an incubation period of 5 to 18 hours, there is nausea, sometimes vomiting, abdominal colic and diarrhea.

Sources reported of streptococcus food infection include canned Vienna sausages, beef croquettes, turkey dressing and coconut cream pie.



# PREVENTIVE MEDICINE

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Table II - Food Poisoning Caused by Bacteria or their Products.

| Disease                                                  | Agent                             | Symptoms                                                                 | Onset              |
|----------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------|--------------------|
| Botulism - Olives                                        | Toxin of Clostridium botulism.    | Difficulty in swallowing, double vision, aphonia, respiratory paralysis. | 2 hours to 8 days. |
| Staphylococcus food poisoning - milk, cream, cream puffs | Enterotoxin from staphylococci.   | Vomiting, diarrhea, abdominal cramps, prostration.                       | 1-6 hours.         |
| Salmonella infection                                     | S. aertrycke<br>S. enteritidis    | Abdominal pain, chills, fever, diarrhea, vomiting.                       | 7-72 hours.        |
| Streptococcus food poisoning - ham                       | Alpha hemolytic<br>Beta hemolytic | Nausea, colic diarrhea, pharyngitis                                      | 5-18 hours.        |

## Infections To Be Differentiated From Food Poisonings

In bacillary dysentery caused by various species of Shigella, cases appear over a period of days rather than in just a few hours. The duration of illness as well as the incubation period is much longer than in food poisoning. Since there are many undetected carriers, the disease may appear whenever there is a break in food sanitation.

Amebiasis (amebic dysentery) usually is endemic being spread by personal contact, but also occurs in water-borne and food-borne outbreaks. Incubation period varies from a few days to four months. At any time approximately 10% of the population are carriers without noticeable symptoms.

The early stage of trichinosis may be confused with other types of food poisoning. Larvae are liberated 48 hours after ingestion, producing nausea, vomiting, colic and diarrhea. Adult worms (1/8 to 1/16 inch long) sometimes are found in stools. Eosinophilia develops later. If a sample of the pork is available for microscopic examination one should look for the encysted larvae of Trichinella spiralis.

All the evidence relating to food poisoning and infection emphasizes the need for adequate mess sanitation and protection of food, proper disposal of human, kitchen and animal wastes, for providing suitable hand washing facilities at latrines and kitchens. Constant attention to little details is necessary to avoid large outbreaks of food poisoning.

Abstracted from article on "Food Poisoning", Headquarters, Medical Field Service School, Department of Preventive Medicine, Brooke Army Medical Center, Fort Sam Houston, Texas, dated December 1948.

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## STREPTOMYCIN THERAPY IN PULMONARY TUBERCULOSIS

Riggins and Hinshaw<sup>1</sup> have summarized the results of the use of streptomycin in 332 patients with pulmonary tuberculosis; patients were treated by cooperative investigator designated by the executive committee of the American Trudeau Society. A statistical analysis was made on those who had been observed for at least ninety days after initiation of treatment. Types differing as to nature of disease, age, race and sex were treated in widely separated sections of the country. Of the 332 patients with pulmonary tuberculosis, 17 had minimal, 118 moderately advanced and 197 far advanced disease; 80 per cent had predominantly acute or subacute disease, and the remainder predominantly chronic disease at the beginning of the treatment.

The beneficial effect of streptomycin in tuberculosis, the report indicated, depends on its interference with the growth and multiplication of streptomycin-sensitive strains of *Mycobacterium tuberculosis*. Streptomycin apparently does not directly enhance repair to tissue, but it probably does favorably influence the tempo and quality of repair by inhibiting the growth and multiplication of tubercle bacilli. The response of the tuberculous lesion to streptomycin is apparently fundamentally related to the characteristics of the pathologic condition and the patient's ability to cope with the disease. Previous workers have demonstrated, both experimentally and clinically, that streptomycin is more effective against relatively early acute and subacute lesions, in which the extent and degree of caseation is limited, than it is against confluent and rapidly caseating and liquefying tuberculous pneumonias or against extensive chronic fibrocaceous and cavernous disease. These fundamental factors are more decisive in the degree of therapeutic effectiveness of streptomycin and the outcome of the issue than are the often overemphasized differences in total daily dosage or duration of treatment. The partial, even though temporary, control of the more active pulmonary and bronchial disease is often sufficient to permit relatively safe and effective operation. Streptomycin usually has little or no decisive therapeutic value when used alone in chronic types of cavernous disease without recent or exudative components, or in the absence of tuberculous laryngitis, tracheobronchitis or enteritis.

When it is given in relatively large daily dosage for prolonged periods, the toxic effects of streptomycin prove to be second only in importance to the emergency of drug-fast organisms as a limiting factor in the usefulness of the drug. When streptomycin was administered intramuscularly in 2 to 3 Gm. daily doses, disturbing and often severe toxic manifestations were frequent, the most serious being deafness and loss of labyrinthine function. Serious toxic manifestations can be largely avoided if attention is paid to the selection of the proper dosage schedule, which is best calculated on a milligram per kilogram of body weight basis. Toxic effects of any consequence are rarely encountered in patients receiving daily dosage of 20 mg. per kilogram of body weight. A daily dosage of 30 to 40 mg. per kilogram of body weight exerts a greater therapeutic effect, at least in certain types of diseases. It was hoped that dihydrostreptomycin would be of lower toxicity than streptomycin, but recent data indicate that this may not be the case. Further investigation of this derivative is necessary before widespread use can be recommended.

Although improvement occurred much more frequently and was more definite in patients with predominantly acute disease than in those with the predominantly chronic disease, significant improvement was reported by most of the investigators in a small percentage of patients with chronic disease. As the progression of chronic tuberculosis is fundamentally related to the occurrence of acute episodes, the great potentialities of the strategic use of short courses of streptomycin to combat such episodes should be stressed. The occurrence of drug-fast organisms was definitely related to duration of treatment. Organisms resistant to 10 or more micrograms of streptomycin per cubic centimeter rarely occurred in patients treated for one month, but appeared frequently in patients treated for two months or more. Drug fastness is a significant factor in limiting the effectiveness of the antibiotic. The failure to close cavities and convert sputum in a large percentage of patients and the relapse of the disease with increasing frequency with passage of time suggest the limitations of antibacterial therapy in this disease. Collapse therapy is absolutely necessary in some cases for achieving lasting results.

1. Riggins, H. M., and Hinshaw, H. C.: Streptomycin-Tuberculosis Research Project of the American Trudeau Society: A Summary Rpt. *Am. Rev. Tuberc.* 59: 140-167 (Feb) 1949.

Abstracted from "The Journal of the American Medical Association", Volume 140, Number 10, dated July 9, 1949.



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## BIOLOGICAL WARFARE POTENTIALITIES

### BIOLOGICAL WARFARE POTENTIALITIES

War inevitably brings with it the development of new and more effective weapons for the destruction of life or property. Such a new weapon was being developed by our enemies during World War II. This weapon was disease--the production of germs for deliberate introduction into enemy territory to cause sickness or death among its people and livestock or the destruction of its food crops. Because of its nature the use of this weapon has been called "Biological Warfare."

It is the responsibility of the Armed Forces of a democratic nation to inform the public of their activities as far as it is consistent with national security. With this responsibility in view, the War Department on 3 January 1946 released a report by Mr. George W. Merck to the Secretary of War. This release informed the public of the combined efforts of American scientists and industry working with the Armed Forces, and in cooperation with agencies of our Allies, to develop means for defense against possible enemy attacks by biological warfare.

Obviously in the press release concerning the Merck Report (which subsequently was withdrawn from circulation), it was not in the national interest to reveal in any detail the extent of progress made in this new field of military research, or to attempt a definite evaluation of the capabilities and limitations of this new weapon. The announcement was followed by a number of unofficial articles in newspapers and magazines and the subject was also discussed in domestic and foreign radio broadcasts. Owing in some measure to the limitations of official information, a great deal of this discussion was extravagant, inaccurate and unduly spectacular in the light of present scientific knowledge. Some was so sensational as to be completely misleading. Such treatment unfortunately overshadowed in the public mind those articles which presented more sober and reasonable reflections on the subject. Therefore it is felt advisable that the American people be given an official statement concerning the potentialities of biological warfare.

Prompted by intelligence reports of enemy activities in this field during World War II, intensive investigations of the possibilities and potentialities of biological warfare were initiated in the United States in close collaboration with our British and Canadian allies. These investigations were aimed primarily toward securing for this nation adequate protection against the possible use of biological warfare by our enemies. Towards this end Army, Navy, and civilian scientists, universities, private research institutions, industries and several Departments of the Government all worked together. The Chemical Warfare Service, now the Chemical Corps, was made responsible for the program in the War Department with the cooperation of the Office of the Surgeon General on certain medical aspects. The Navy Department worked in close collaboration with the War Department in this field and made important contributions to the program. Since these investigations involved many sciences and entirely new approaches, unique facilities had to be constructed to enable us properly to conduct our research.

Actually large-scale biological warfare has never been used by any nation. Our research indicated, however, that germs or their poisonous products could be used effectively as weapons of war. It was also realized from the results of this wartime research that work in this field could not be neglected in time of peace and had to be continued on a sufficient scale to provide us with adequate defenses and to enable us to utilize this weapon in the future should it become necessary. As a by-product of the research on this subject during and following the war much information of great peacetime benefit to mankind in the medical, agricultural, and allied fields has been freely given to the public. Over 160 technical articles describing these investigations have been released through the medium of scientific journals.

Unfortunately, the public has been given an exaggerated impression as to the potency and state of development of biological warfare. For example, it has been stated that a single plane with a small bomb filled with a biological agent would be capable of wiping out the population of an entire city with a single blow. Such a statement is not in accord with the facts as we know them today. As a further example, in a recent article it was stated that one ounce of a particular biological material would be sufficient to kill 200,000,000 people. The facts are that it is impossible to spread an ounce of any kind of material for the purposes of warfare in such a manner as to affect even a small percentage of such a tremendous number of persons.

Many other exaggerated statements have appeared. One article stated that biological warfare makes it possible to kill the inhabitants of an entire continent very quickly. Another stated

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## BIOLOGICAL WARFARE POTENTIALITIES

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that it would be a simple matter to spread plague in the United States. Still another maintained that a means is available for spreading various diseases among millions of people by dropping a few capsules from one airplane. Such claims are fantastic and have no basis in fact.

While it would be folly to underestimate the potentialities of biological warfare, there is no factual basis for extravagant claims of the existence of a biological super-weapon.

Many articles have described biological warfare as more terrible than the atomic bomb. The fact is that these two weapons differ from one another so basically that a direct comparison is meaningless. The atomic bomb destroys not only life but also buildings and other structures, and is in that respect similar to high explosives. In addition, atomic radiation may persist indefinitely in contaminated areas and produce serious effects on living matter. Biological warfare agents, on the other hand, affect only living matter, do not destroy material structures and, in most cases, are nonpersistent. Death, protracted sickness or only temporary incapacitation might be produced in man by the selection and dissemination of the proper biological agent.

Biological warfare is an attempt to harness certain forces of nature for purposes of war. In such warfare either epidemic or non-epidemic diseases might be used. In the language of biological warfare, an epidemic disease is one that is easily and rapidly spread from person to person, animal to animal, or plant to plant. A non-epidemic disease spreads less easily and therefore would be largely restricted to persons, animals or plants directly exposed to the germs as they were distributed during an attack. In the case of epidemic diseases of man the factors governing spread are not completely understood, and in any case not all are controllable; hence, it is not at all certain that an epidemic of significant proportions could be produced at will. Even if an epidemic were started, adequate public health and sanitation measures and proper treatment methods promptly instituted would tend to limit the spread and minimize the effects. The distribution of non-epidemic disease-producing agents and toxins would have to be very widespread to have a decisive effect. Biological warfare would not be instantly destructive of life and it should be appreciated that illness induced by biological agents may be counteracted by specific medical measures. An important defense against biological warfare lies in the early identification of diseases implanted and prompt institution of appropriate countermeasures to prevent further spread and restore the health of those affected. But it is obvious that extensive preparation for such defensive measures must be made in advance of an attack.

During times of peace various governmental agencies are concerned with the control of natural outbreaks of disease. Not only our population but also our crops and animals must be protected. To this end the U. S. Public Health Service, the Department of Agriculture, other Federal and many State and Municipal agencies are always on the alert. The threat of biological warfare has increased their responsibilities and difficulties. If a biological attack were made, the above agencies, in addition to the Armed Forces, would play an important role in counteracting the implantation and spread of disease. We must guard not only against natural outbreaks of disease and biological attack in time of war, but also against the use of biological sabotage methods before a declaration of war has been made. Our food supplies would be particularly vulnerable to attack by saboteurs with biological weapons. We must, therefore, rely on the maintenance of our high standards of public health and sanitation, and on our protective measures for animals and crops as our first line of defense against any biological warfare attack. Appropriate steps are being taken to insure the coordination of the activities of our protective agencies. In addition, an active research program on biological warfare including methods for the prevention and treatment of diseases which might be caused by such warfare is being conducted in the interests of national defense.

Abstracted from Statement on Biological Warfare Potentialities, NME, Office of Secretary of Defense, 12 March 1949, Number 45-49.



# VETERINARY SERVICE

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## SWINE ERYSIPELAS

Swine erysipelas is a communicable disease of pigs caused by *erysipelotheirusiopathiae*. Man is susceptible to this disease and may become infected through skin abrasions. This disease occurs most frequently in pigs four to eight months of age. It may exhibit three forms: (a) a severe or septicemic form; (b) a mild form ("diamond skin" disease), characterized by presence of sharply circumscribed quadrangular lesions of the skin; and (c) a chronic form, characterized by polyarthrititis and at times a vegetative type of endocarditis. Swine erysipelas is also found in poultry, especially turkeys. The disease is prevalent in most of the swine producing countries of the world. This infection had been suspected of being present in the United States for many years, but it was only in 1921 that Creech definitely diagnosed the disease by isolating the organism from several hogs showing typical symptoms of "diamond skin disease".

The infection in man is usually localized and presents pain, swelling, and erythema at the sight of inoculation. The disease may disappear from the initial sight and reappear again in other areas of the body. Constitutional symptoms with fever, lymphangitis and adenitis, may be present. Arthritic symptoms may appear in the joints near the sight of infection and may persist for weeks or months after the skin becomes normal.

The disease is an occupational one infecting individuals having close contact with diseased animals. The packing house worker, the butcher, the veterinarian, the research worker and the fisherman are the persons most often affected. It was noticed in 1932 that swine erysipelas was wide spread among the fishermen along the Atlantic coast. It is usually known in these conditions as "fish poisoning" and may follow abrasions of the skin caused during the handling or processing of fish or fishing equipment. It is thought that possibly the causative organism is present on the surface of the skin from the mud and slime in which the fishermen have to work. There is no known disease in fish caused by this organism.

An effective immune serum for preventive and therapeutic measures is available. Active immunization can be acquired by the use of immune serum combined with the living culture. Recently, Traub has produced an effective absorbent type vaccine that possesses the advantage of not disseminating the living organism in the areas where it is used and thereby perpetuating the disease. Reports indicate that sulfonamides are not satisfactory as treatment for either man or animals. The use of antibiotics, however, seems to be effective. The prevention of this disease in man includes protection against cuts and abrasions by those who come in contact with hogs and by fishermen and others handling dead animal matter.

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED JULY 1949  
(Data obtained from WD AGO Form 8-134)

| STATION                          | CLASS *<br>3 | CLASS *<br>4 | CLASS *<br>5 | CLASS *<br>6 | CLASS *<br>7 | CLASS *<br>8 | CLASS *<br>9 | TOTAL     |
|----------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------|
| Fort Lesley J. McNair            |              | 55,581       | 61,021       |              | 116,602      | 9,490        |              | 242,694   |
| Fort Belvoir, Virginia           |              | 251,816      | 196,193      |              | 498,690      | 92,305       |              | 1,039,004 |
| Potomac Yards Distribution Point |              | 252,643      | 49,988       | 307,496      |              |              |              | 610,127   |
| Fort Myer, Virginia              |              | 148,358      | 137,539      |              | 329,077      | 10,151       |              | 625,125   |
| Mil Dist/Washington Vet Det      | 202,815      |              |              |              |              |              |              | 202,815   |
| US Navy                          | 159,594      |              |              |              |              |              |              | 159,594   |
| The Pentagon                     |              |              |              |              |              | 277,096      |              | 277,096   |
| Total                            | 362,409      | 708,398      | 444,741      | 307,496      | 944,369      | 389,042      |              | 3,156,455 |
| Army Medical Center              |              | 175,778      | 63,254       |              | 239,023      | 5,706        |              | 483,761   |
| Washington Quartermaster         |              | 89,715       | 67,451       | 364          | 174,588      | 7,128        |              | 339,246   |
| Andrews Air Force Base           |              | 75,809       | 64,858       |              | 135,793      | 14,902       | 678          | 292,040   |
| Bolling Air Force Base           |              | 126,411      | 128,520      | 2,166        | 255,599      | 32,665       | 2,144        | 547,505   |
| Total                            |              | 467,713      | 324,083      | 2,530        | 805,003      | 60,401       | 2,822        | 1,662,552 |
| Grand Total                      | 362,409      | 1,176,111    | 768,824      | 310,026      | 1,749,372    | 449,443      | 2,822        | 4,819,007 |
| REJECTIONS:                      |              |              |              |              |              |              |              |           |
| Insanitary or Unsound            |              |              |              |              |              |              |              |           |
| Bolling Field                    |              | 50           |              |              |              |              |              | 50        |
| Army Medical Center              |              | 157          |              |              | 4,257        | 3            |              | 4,417     |
| The Pentagon                     |              |              |              |              |              | 13           |              | 13        |
| Andrews Field                    |              |              |              |              |              | 4            |              | 4         |
| Not type, class or grade         |              |              |              |              |              |              |              |           |
| Army Medical Center              |              | 171          |              |              |              | 5            |              | 176       |
| Fort Myer                        |              |              |              |              |              | 12           |              | 12        |
| Mil Dist/Washington Vet Det      | 4,474        |              |              |              |              |              |              | 4,474     |
| Navy                             | 19,853       |              |              |              |              |              |              | 19,853    |
| TOTAL REJECTIONS                 | 24,327       | 378          |              |              | 4,257        | 37           |              | 28,999    |

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**RESTRICTED****MISCELLANEOUS****OUTPATIENT SERVICE**

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital for the five week period ending 29 July 1949, are indicated below:

**ARMY:**

Number of Outpatients. . . . . 6,854  
 Number of Treatments . . . . . 21,093

**NON ARMY:**

Number of Outpatients. . . . . 5,407  
 Number of Treatments . . . . . 14,552

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED. . . . . 2,394

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED 10,821

**HOSPITAL MESS ADMINISTRATION**  
 (Data from WD AGO Form 8-210)

| STATION             | April 49 | May 49   | June 49  | July 49  |
|---------------------|----------|----------|----------|----------|
| <b>FORT BELVOIR</b> |          |          |          |          |
| Income per Ration   | \$ 1.059 | \$ 1.073 | \$ 1.061 | \$ 1.090 |
| Expense per Ration  | 1.045    | 1.070    | 1.045    | 1.029    |
| Gain or Loss        | + 0.014  | + 0.003  | + 0.016  | + 0.061  |

**DENTAL SERVICE--MONTH OF JULY 1949**

| STATION                 | Offi-<br>cers | Days<br>of<br>Duty | Sit-<br>tings | Amal-<br>gam | Oxy-<br>and<br>Amal | Sili-<br>cate | In-<br>lays | Bridges | Bridge<br>Repair | Crowns | Dentures |              |             | Extrac-<br>tions | Calcu-<br>lus<br>Removed | X-Rays | Exami-<br>nations |
|-------------------------|---------------|--------------------|---------------|--------------|---------------------|---------------|-------------|---------|------------------|--------|----------|--------------|-------------|------------------|--------------------------|--------|-------------------|
|                         |               |                    |               |              |                     |               |             |         |                  |        | Full     | Par-<br>tial | Re-<br>pair |                  |                          |        |                   |
| Fort Belvoir            | 10            | 273                | 1338          | 603          | 483                 | 429           | 1           | 17      | 1                | 0      | 12       | 14           | 21          | 350              | 33                       | 165    | 813               |
| Fort McNair             | 1             | 31                 | 454           | 365          | 143                 | 85            | 0           | 1       | 0                | 0      | 0        | 7            | 1           | 58               | 39                       | 97     | 99                |
| Fort Myer (North Post)  | 1             | 25                 | 798           | 201          | 32                  | 56            | 1           | 0       | 2                | 0      | 3        | 11           | 9           | 43               | 20                       | 472    | 354               |
| Fort Myer (South Post)  | 1             | 31                 | 430           | 204          | 19                  | 37            | 0           | 0       | 0                | 1      | 5        | 7            | 0           | 76               | 2                        | 182    | 138               |
| General Dispensary, USA | 4             | 92                 | 1936          | 216          | 128                 | 124           | 3           | 8       | 0                | 6      | 6        | 31           | 18          | 112              | 266                      | 494    | 750               |
| Total Mil Dist of Wash  | 17            | 452                | 4956          | 1589         | 805                 | 731           | 5           | 26      | 3                | 7      | 26       | 70           | 49          | 639              | 360                      | 1410   | 2154              |

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# ADMINISTRATIVE DIVISION

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## MESS INSPECTION CHECK LIST

### Mess Inspection

Mess \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Inspecting Officer \_\_\_\_\_

Irregularities brought to the attention of \_\_\_\_\_

#### I. Personnel

Number of cooks \_\_\_\_\_  
 Number of mess attendants \_\_\_\_\_  
 Health certificates \_\_\_\_\_  
 Hair \_\_\_\_\_ Nails \_\_\_\_\_  
 Hands \_\_\_\_\_ Head covers \_\_\_\_\_  
 Cleanliness of clothes \_\_\_\_\_  
 Daily inspection of mess \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Soap and individual towels \_\_\_\_\_  
 Hand washing sign \_\_\_\_\_  
 Nail brush and file \_\_\_\_\_

#### II. Mess Hall

Screens \_\_\_\_\_ Walls \_\_\_\_\_  
 Windows \_\_\_\_\_ Floor \_\_\_\_\_  
 Tables \_\_\_\_\_ Condiments \_\_\_\_\_  
 China \_\_\_\_\_ Silverware \_\_\_\_\_  
 Flies \_\_\_\_\_ Ants \_\_\_\_\_  
 Ice chest \_\_\_\_\_  
 China Storage \_\_\_\_\_  
 Condition of trays \_\_\_\_\_  
 Ventilation \_\_\_\_\_

#### III. Kitchen

Meat block \_\_\_\_\_  
 Ranges \_\_\_\_\_  
 Utensils \_\_\_\_\_  
 Sinks \_\_\_\_\_  
 Grease traps \_\_\_\_\_  
 Waste disposal \_\_\_\_\_  
 Rags \_\_\_\_\_  
 Flies \_\_\_\_\_ Ants \_\_\_\_\_  
 Roaches \_\_\_\_\_  
 Toilet facilities \_\_\_\_\_  
 Personal belongings \_\_\_\_\_  
 Dishwashing \_\_\_\_\_  
     a. Thoroughness \_\_\_\_\_  
     b. Water temperature \_\_\_\_\_

#### IV. Refrigerators

Cooling \_\_\_\_\_  
 Arrangement \_\_\_\_\_  
 Cleanliness \_\_\_\_\_  
 Odors \_\_\_\_\_  
 Handling of ice \_\_\_\_\_

#### V. Pantries

Cleanliness \_\_\_\_\_  
 Arrangement \_\_\_\_\_  
 Unnecessary equipment \_\_\_\_\_  
 Roaches \_\_\_\_\_ Ants \_\_\_\_\_  
 Bread boxes \_\_\_\_\_

#### VI. Menus and Food Preparation

Standard \_\_\_\_\_  
 Adequacy \_\_\_\_\_  
 Balanced \_\_\_\_\_  
 Preparation \_\_\_\_\_  
 Timing \_\_\_\_\_  
 Serving \_\_\_\_\_  
 Exposed food \_\_\_\_\_  
 Leftovers consumed within  
     24 hours and properly  
     refrigerated \_\_\_\_\_  
 Steam tables in operation  
     to insure serving of food  
     at proper temperatures  
 24 hours food samples \_\_\_\_\_

#### VII. Mess Hall Area

General cleanliness \_\_\_\_\_  
 Drainage \_\_\_\_\_  
 Flies \_\_\_\_\_  
 Back entrance \_\_\_\_\_  
 Mop rack \_\_\_\_\_  
 Vegetable bin \_\_\_\_\_  
 Garbage rack \_\_\_\_\_  
     a. Cleanliness \_\_\_\_\_  
     b. Labelling \_\_\_\_\_  
     c. Drain \_\_\_\_\_  
 Garbage cans \_\_\_\_\_  
     a. Cleanliness \_\_\_\_\_  
     b. Condition \_\_\_\_\_  
     c. Lids on \_\_\_\_\_  
 Sorting of garbage and  
     wastes \_\_\_\_\_  
     a. Edible \_\_\_\_\_  
     b. Non-edible \_\_\_\_\_  
     c. Bottles and cans \_\_\_\_\_  
     d. Trash \_\_\_\_\_  
     e. Salvage \_\_\_\_\_  
 Milk bottle rinsing \_\_\_\_\_

#### VIII. Insect and Rodent Control

Screen doors with  
     automatic closing  
     device \_\_\_\_\_  
 Personnel "fly con-  
     scious" \_\_\_\_\_  
 Residual DDT spray-  
     ing \_\_\_\_\_  
 Fly population exces-  
     sive \_\_\_\_\_  
 Evidence of roach in-  
     festation \_\_\_\_\_

#### IX. Food Supplies

Meats \_\_\_\_\_  
     a. Quantity \_\_\_\_\_  
     b. Condition \_\_\_\_\_  
     c. Storage \_\_\_\_\_  
     d. Handling \_\_\_\_\_  
 Fruits and fresh  
     vegetables \_\_\_\_\_  
     a. Quantity \_\_\_\_\_  
     b. Condition \_\_\_\_\_  
     c. Storage \_\_\_\_\_  
 Bread and Bakery  
     Products \_\_\_\_\_  
     a. Quantity \_\_\_\_\_  
     b. Condition \_\_\_\_\_  
     c. Storage \_\_\_\_\_  
 Milk \_\_\_\_\_  
 Butter \_\_\_\_\_  
 Eggs \_\_\_\_\_  
 Canned food \_\_\_\_\_

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Following is a list of publications which are of particular interest to the Medical Department:

| Cir No. | DEPARTMENT OF THE ARMY CIRCULARS<br>Subject                                         | Date       |
|---------|-------------------------------------------------------------------------------------|------------|
| 89      | Section II, Army Wide Sports                                                        | 1 July 49  |
| 89      | Section VII, Rates For Treatment In Army Medical Facilities During Fiscal Year 1950 | 1 July 49  |
| 89      | Section IX, WD or DA Circulars And Memoranda Superseded                             | 1 July 49  |
| 90      | Section VII, State Veterans' Bonus                                                  | 15 July 49 |
| 91      | Section I, Metal Pendant For Commendation Ribbon                                    | 20 July 49 |

| SR No.    | DEPARTMENT OF THE ARMY SPECIAL REGULATIONS<br>Subject                         | Date       |
|-----------|-------------------------------------------------------------------------------|------------|
| 40-505-10 | Medical Service, Civilian Medical Attendance For Air Force Personnel          | 1 July 49  |
| 40-515-1  | Medical Service, Hospitalization of Army Patients In Naval Medical Facilities | 1 July 49  |
| 385-60-61 | Safety Protective Clothing And Equipment                                      | 27 July 49 |

| Cir No. | MILITARY DISTRICT OF WASHINGTON CIRCULARS<br>Subject | Date       |
|---------|------------------------------------------------------|------------|
| 36      | Promotion of Enlisted Personnel                      | 1 July 49  |
| 39      | Enlisted Efficiency Reports                          | 11 July 49 |
| 40      | Appointment of Officers                              | 14 July 49 |
| 42      | Reassignment of Air Force Personnel                  | 29 July 49 |

| Memo No. | MILITARY DISTRICT OF WASHINGTON MEMORANDA<br>Subject | Date      |
|----------|------------------------------------------------------|-----------|
| 40       | ORC Officers Under MDW Jurisdiction                  | 1 July 49 |

| ANWMC File No. | PUBLICATIONS ORIGINATED IN OFFICE OF SURGEON, MDW<br>Subject | Date       |
|----------------|--------------------------------------------------------------|------------|
| 701            | Medical Attendance                                           | 1 July 49  |
| 701            | Rates of Charge For Pay Patients In Army Medical Facilities  | 6 July 49  |
| 319.1          | Annual Medical Department Reports                            | 11 July 49 |
| 710            | Food Poisoning                                               | 25 July 49 |

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